118000185014

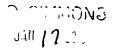
(Requestor's Name)	_
,	
(Address)	
(Address)	_
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	_
Special Instructions to Filing Officer:	





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COVER LETTER

INHS18 (2/14)

	Registration Section Division of Corporations	•					
SUBJEC	MilTouch Solutions, LLC						
	Name of Limited Liability Company						
Dear Sir	or Madam:						
The enclo	osed Registered Agent/Registered Office Cha	ange and fee(s) are submitted for filing.					
Please return all correspondence concerning this matter to the following:							
Lauren	L. Zimmer						
	Name of Person						
MilTou	ch Solutions, LLC						
	Firm/Company						
2118 Is	sla de Palma Circle						
	Address						
Naples	, FL 34119						
	City/State and Zip Code						
	@miltouch.com						
E-n	nail address: (to be used for future annual rep	port notification)					
For furth	er information concerning this matter, please	call:					
Lauren	L. Zimmer at (239, 206-7647					
	Name of Person	Area Code & Daytime Telephone Number					
F I C 2	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Fallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314					
F	Enclosed is a check for the following amount:						
C	□ \$25 Filing Fee	☑ \$55 Filing Fee & Certified Copy					

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1.	Na	me of the limited liability company:	dutions,	LLC		
2. (a)		(b)		
		Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		,	Mailing address of li	mited liability company: POST OFFICE BOX)
		2118 Isla de Palma Circle		2118	sla de Palma Ci	rcle
		Naples, FL 34119	_	Naple	s, FL 34119	
		8/2/2018		L18000)185014	
3.		Date of filing/registration in Florida	4.		Document numb	oer
5.	(a)					
		Registered Agent and Registered Office shown on the records of the Florida Dept. of State			tate:	ت
		Christopher W. Zimmer			_	·
		Registered Office Address (MUST BE FLORIDA STREET	" ADDRES	<u>S)</u>		. =
		25110 Bernwood Drive, Unit 106				
		Bonita Springs , F	, 34135	 5	<u>.</u>	: 1
		, ;	L	<u> </u>		√?;
(b)					50 V2 23
,	.0)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	d Office a	ddress:		
		Christopher W. Zimmer				
		NEW Registered Office Address:				
		2118 Isla de Palma Circle				
		Nanios	04446			
		Naples, F	L	,		
the age was the	cha nt w /we arti-	imited liability company is not organized under the lange or changes are made, the Florida street address of the identical. Or, in the case of a Florida limited large authorized by an affirmative vote of the members cles of organization or the operating agreement of the	of the reg liability of of the line e limited	istered off ompany, i nited liabi liability c	ice and the busines t is hereby confirm lity company or as ompany.	s office of the registered ed that the change(s)
		ure of a member or authorized representative of a member	La —	uren L. Z		
		•			Printed or typed na	-
prot the to n	visio obli iere	by accept the appointment as registered agent and agens of all statutes relative to the proper and completigations of my position as registered agent as providely reflect a change in the registered office address, It in writing of this change.	gree to ac e perforn led for in l hereby c	it in this can nance of m Chapter 6 confirm the	apacity. I further a vy duties, and I am i05, F.S. Or, if this at the limited liabil	gree to comply with the familiar with and accept document is being filed ity company has been

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00